METHODS OF IMPROVING CARE FOR VISUALLY HANDICAPPED CHILDREN IN THE UNITED STATES

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I. Introduction

A visually handicapped child is a child who happens to have a visual handicap, but who is, primarily, a child. As such his problems, satisfactions, goals, emotions and all of his feelings are closely allied to those of the seeing child. It logically follows that any care given him should be firmly based on the understanding that his handicap, although certain modifications may be made for it, is truly incidental.

This thinking and attitude toward visually handicapped children is not a recent one, but it has been confined to those persons, comparatively small in number, who have had intimate association with this particular handicapped group of children. It has been universally accepted in the United States, however, that some type of care for these children is needed. Its growth, the forms it has taken, and the outgrowths from it will herein be considered.

II. History of Care for Visually Handicapped Children in the United States

No specialized care or training was provided for visually handicapped children before the early part of the nineteenth century in the United States. Toward the end of the eighteenth century visitors returning from Europe brought reports that the visually handicapped were receiving good care in Great Britain

and on the continent. Curious interest was aroused and, since charities in the United States were carried to a degree of munificence unknown in Europe, it was but natural that there was a desire from the first to assist the blind and those handicapped by lesser visual impairment.[1]

"Vague and uninformed at the beginning, this desire was destined to assume tangible forms as soon as the directive genius of one man or the concerted efforts of a small group could turn the general impulses of the charitably inclined toward some definite end, such as the founding of a school".[2]

The indications of promise for the creation of schools were first manifested in three cities on the Atlantic seaboard, Boston, New York and Philadelphia between 1825 and 1835.[3] The histories of the establishment of these institutions for the blind are almost identical in these cities. "First there was the period of rumor, of vague report, of slowly growing sentiment, next the period of personal leadership, of agitation, of propaganda; then the collection of funds, the formation of a corporation and a period of experiment. Then followed, of course, the time of demonstration of results, of additional agitation, and last the actual founding of a school or asylum".[4]

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[1] Richard French, From Homer to Helen Keller. (New York: The American Foundation for the Blind, Inc., 1932), p 109

[2] Ibid, p. 109

[3] Harry Best, Blindness and the Blind in the United States. (New York: The Macmillan Co., 1934), p. 307

[4] Richard French, Op. Cit., p. 110-111

By 1862, or twenty-five years after the opening of the Ohio school, institutions for the visually handicapped were in existence in nineteen states of the Union. In the next quarter century ten other states established schools; and since that time most of the remaining ones.[8]

Up until the beginning of the twentieth century there was only one recognized plan for the education and care of visually handicapped children, namely, the residential school plan.[9]

In 1900 the first day school classes for visually handicapped children were established in the Chicago public school system. Twenty cities had, by 1930, followed this lead and introduced special "braille" classes into the public schools.[10]

Institutional care for blind children for purposes other than simply educational, has been limited except in cases where handicaps exist in addition to that of vision. It has sometimes been thought, however, that the homes of visually handicapped children were grossly detrimental and placement in institutions have been made before the child has reached school age.

The first home for blind children was established in Hartford, Connecticut, in 1893 as a department of the Connecticut Institute for the Blind. It was later moved to Farmington. It was followed by the establishment of similar "homes" in Boston, during 1901;

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[8] Harry Best, Op. Cit., p. 312

[9] George F. Meyer, "Some Advantages Offered Children in Day School Classes," What of the Blind, Edited by Helga Lende (New York: American Foundation for the Blind, 1938) p. 77

[10] White House Conference Committee on Organization, p. 36

two in Brooklyn, New York, 1904 and 1907; Summit, New Jersey, 1910, and New York City, 1918. These are the only homes for blind children in the United States and they operate through a combination of private support and public subsidy.[11]

Of recent years local public and private agencies have, in some cities, given attention to parent education of visually handicapped children. This service is by no means widespread and its growth is very slow. Pre-school nurseries are also a recent development which is progressing very slowly.

"From April, 1913, when the first special class in the United States was established for the education of partially seeing children, the growth has been slow, but continuous."[12] The purpose of these classes is to make possible an education for children who are not blind, but who, because of serious eye difficulties, cannot satisfactorily carry on school work under conditions provided for the normally seeing. The ultimate goal, as in all education, is to make possible for the child an opportunity to develop to the fullest of his innate abilities.[13] A very important function of these special classes is also the conservation of sight. On January 1, 1930, there were three hundred and fifty such classes.[14] On June 15, 1939, there were 592½ full-time classes and 5 part-time classes having an approximate enrollment of 8,500 pupils.

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[11] Harry Best, Cop. Cit., p. 312

[12] White House Conference Committee on Physically and Mentally Handicapped P. 89

[13] Sight-Saving Classes, National Society for the Prevention of Blindness, Publication 30, 1937 (New York) p. 3

[14] White House Conference Committee on Physically and Mentally Handicapped, p. 89

These sight-saving classes are located in 200 cities, 27 States, the District of Columbia, and the Territory of Hawaii.[15]

"The majority of facilities existing for the care and treatment of handicapped children have grown up in a haphazard fashion. The appeal of the needy child, himself, has been so strong that those who have wished to help him have often provided facilities that dealt with his immediate problem and not with the causes of the problems or with other contributing factors. Thus the....handicapped child frequently has been considered a custodial or medical problem with no reference to his need for constructive training or social adjustment."[16]

While in most instances not making special provisions for visually handicapped children, the recent great advances in the field of social welfare activity have included provisions having a direct bearing on the problem of blindness and near blindness. The manner in which these measures function is described in Section III.

Section III Existing Services for Visually Handicapped Children

In all States of the Union the education of blind children has been effectually accomplished by statutory action on the part of the legislatures. But in certain ones, in order to make it a permanent duty, there have been incorporated in the organic law provisions forcing such bodies to give attention to the matter. These constitutional provisions relating to the blind exist in 29 States.[17]

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[15] Mimeographed List of Classes - National Society for the Prevention of Blindness

[16] White House Conference Committee on Organization, pp 39-40

[17] Harry Best, Cop. Cit., p 365

There are at present 49 residential schools for the visually handicapped in the United States, located in 40 different Commonwealths. In New York and Pennsylvania each there are two. In Louisiana, Virginia, and West Virginia there is one school for the white blind and deaf, and one for the colored. In Alabama, Oklahoma, Texas and Maryland each there is a school for the white blind and a joint school for the colored blind and deaf. Delaware, District of Columbia, Maine, Nevada, New Hampshire, New Jersey, Rhode Island, Vermont and Wyoming children are sent outside the State to residential schools. In almost all of the States the institutions are public institutions owned by the State and supported through taxes and under the direct control of the legislatures. In the case of six of the schools, however, the status of private corporations has been retained and support is received jointly from private endowment and public subsidy. These schools are located in Connecticut, Maryland, Massachusetts, New York, and Pennsylvania and are subject to the general authority and oversight of the States.[18]

"According to the returns of the Federal census, of the blind from five to twenty-four years of age, or of a fairly broad school age, over three-fourths have attended the special schools. Of the blind losing sight under the fifteenth year, or at a time when admission to such schools was possible, not far from three-fourths have likewise attended."[19] There were 5,415 visually handicapped

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[18] *Ibid*, pp. 334-335

[19] *Ibid*, p. 378

children attending residential schools in 1929.[20]

It can thus be seen that the residential school for visually handicapped children is well entrenched, and widely accepted as a necessary instrument in providing educational advantages to the group that it serves.

In nearly all states at present, tuition is offered free at residential schools for all children having a visual handicap sufficient to meet the admission requirement in the particular state. Board is also provided free, at least, to indigent pupils. In cases where the latter service is offered the institution assumes a characteristic other than that of being a purely educational center. Actually there is very rarely a charge made to any pupil, whether indigent or not, although a few states require a formal proof of indigence. Some states accept payments if the child's family desires to make them.[21]

In schools where the age limits of attendance are specified, the minimum age is usually six, seven, or eight. There is a small number of schools that accept children at five years of age or even younger and a few that require the child to be nine years old. The age limit for the completion of the school period is generally from nineteen to twenty-one years.[22]

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[20] White House Conference Committee on Physically and Mentally Handicapped, p. 58

[21] Harry Best, Op. Cit., p. 375

[22] Ibid, pp. 376-377

Kindergarten training is offered in about 18 residential schools and 25 more combine kindergarten and first grade work.[23] After the primary, the children are taken through intermediate, grammar, and high school grades. The instruction and training is, broadly, of four main forms: intellectual, physical, musical, and manual. The first represents the basis of the school's function, but more emphasis is placed on the other three than in regular schools. The scholastic work keeps pace in practically all particulars with that of the regular public school.

The chief distinction between the instruction afforded visually handicapped children and seeing children consists of the apparatus employed, the blind requiring a specially devised system of raised print for their textbooks and for writing. Also oral instruction is used to a greater extent in the special schools.[24]

Day schools or "braille" classes operate in twenty cities in the United States. The growth of this method of providing educational facilities for visually handicapped children can be attributed to the conviction that institutional life for children should be reduced to its lowest possible level. Under this plan, blind or near-blind children take their place in the regular school

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[23] White House Conference Committee on Physically and Mentally Handicapped, p. 58

[24] Harry Best, *Op. Cit.*, pp. 384-385

system. They are usually provided a special "home room" where their studying and writing is done in braille. Recitation is done in the regular classroom with sighted children.

In 1929, when there were but 18 cities providing instruction to visually handicapped children in their school systems, there were about 425 pupils enrolled.[25] Growth in the establishment of this service has been slow, but its value and practibility has been proven and "braille" classes will probably become more and more common, particularly in centers of population where the students live within commuting distance of the school.

Existing provisions for visually handicapped children of preschool age are far from adequate. "Improper training or actual lack of any training for the child this age inevitably develops peculiarities which, as he grows up, tend to isolate him from other people his own age."[26] However, special attention to blind children in their homes on any considerable scale may be said to have hardly begun in the United States as yet. Except for a certain interest in the matter taken by some of the residential schools, mainly in the way of advice and general friendly interest, action has been mostly taken by some private organization for the blind. The most progressive piece of work being done in this area at present is in Cleveland, Ohio, where

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[25] White House Conference Committee on Organization, pp. 36-37

[26] White House Conference Committee on Mentally and Physically Handicapped, p. 54

close contacts for supervision are maintained with families of visually handicapped children. In an article on the subject, Miss Harriet E. Totman, Director of the Cleveland program, emphasizes that "the family's early teaching and directing the child is necessary to promote learning, health and to avoid the cultivation of 'blindisms'".[27]

Six "homes" for visually handicapped children provide care for pre-school children whose homes are hopelessly unsuited for them. Several day nurseries sponsored by private agencies, for the most part, are also providing service for the very young children with eye difficulties and blind infants.

Assistance is being provided the visually handicapped youths of the United States who desire to secure the advantages of higher education. This assistance takes the form of cash grants which are used by the handicapped students to avail themselves of "readers", who read material to them which is required by the various college courses that they are taking. This plan has been adopted by approximately one half of the States and seems to be an entirely legitimate provision since it simply equalizes the handicapped students' opportunities to secure advanced academic training.[28]

Financial aid for higher education of the blind is occasionally received also in a number of states from general public or general

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[27] Harriett E. Totman, "What Shall We Do With Our Blind Babies?" What of the Blind (New York: American Foundation for the Blind, 193).

[28] Harry Best, Op. Cit., pp. 350-351

educational funds (including funds for vocational education), without direct or express authority. In some states it may be granted by public agencies for the blind. It is also received sometimes from private sources. Certain private institutions of learning have been generous in providing scholarships for visually handicapped students and occasionally a special private organization has arranged for scholarships.

However, the number of visually handicapped youths who supplement their education with college training is small and the total number pursuing a college education in a single year is somewhat under one hundred. The number is steadily increasing, in part as a result of increasingly generous provisions under state laws.[29]

The states, through aid from the Children's Bureau, are carrying on a very constructive, indirect, prevention of blindness program. This is made possible because of funds appropriated under Title 5, Part I of the Social Security Act and concerns infant and maternal welfare. "The Children's Bureau applies this act through the cooperating health departments of the respective states. Each state health officer submits a plan* of action for his state to the Bureau."[30]

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[29] Ibid, p. 351

* These plans differ in each state and for details of application in any particular state the state health officer should be consulted.

[30] The Activities of Federal-State and Private Agencies Concerned With Work for the Blind and Preventing Blindness, Rice, United States Public Health Service, pp. 2

In some of the states efforts are made to improve the training of midwives, in other states post-graduate training in obstetrics and pediatrics is brought within reach of the general medical practitioner. Educational efforts directed toward expectant mothers attempt to teach what good prenatal and obstetrical care is and induce them to demand it. These measures, will result in fewer infants and children becoming blind from ophthalmia neonatorum and syphilis.

The Children's Bureau is also responsible for the administration of another section of the Social Security Act, Title 5, Part II, which has to do with the physical rehabilitation of crippled children. This section has potential value as regards the physical rehabilitation of blind or near-blind children under 21 years of age who can have vision saved or restored by medical or surgical attention. "This section of the act..... is administered through various state agencies. In August, 1937, the responsible agency in 24 states was the health departments. In some States the welfare board is responsible and in some the department of education."[31] Although in some cases eye conditions in children have received attention under this provision already, the act is at present being applied principally in all the States to orthopedic cripples. It is hoped that the States will continue

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[31] *Ibid*, p. 3

to broaden their definition of what constitutes a crippled child so that blind or potentially blind children may receive more benefits under the act.

The United States Public Health Service, working to a degree through the State Health Departments, are ultimately concerned with measures that prevent blindness directly or indirectly. Specifically, State Health Departments are aided in establishing or expanding divisions interested in preventing venereal diseases. Aid is provided for establishing clinics where venereal diseases may be diagnosed and treated.[32]

"In some States the Health Departments have been enabled to subsidize the private physician in his treatment of indigent individuals who have syphilis. In order to receive this aid the physicians must report the cases and initiate treatment. For each treatment he receives a fee from the State Health Department. Money so distributed has its origin in the Social Security Act. This system is a direct blow at syphilis which causes much blindness in youth.

Enabled by Title 6 of the Social Security Act, the United States Federal Health Service is able to increase the services of the State public health laboratories so that more of these laboratories can distribute free to physicians and midwives, silver nitrate for use in the eyes of the new-born as well as providing facilities for doing Wassermann tests on blood samples submitted by physicians in the State.[33]

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[32] *Ibid*, pp.4-5

[33] *Ibid*, p. 6

In accordance with the outstanding measures proposed for the prevention of ophthalmia neonatorum, all but a few States have legal enactment to require the use of a prophylactic at birth. Some States have long provided for the free distribution of prophylactic medication for this purpose. In most States attention to uncared for cases is authorized. Attention also is given in most of the States to trachoma since it is listed as a communicable disease for which a report to the health authorities is required.[34]

Sight-saving classes, of which there are 592½ full-time and 5 part-time in the United States and Hawaii, are proving to be an effective device to conserve sight and provide suitable classroom conditions for visually handicapped children. Children with partial sight are admitted. Ideal natural and artificial lighting is afforded in the rooms. Special desks, blackboards, and large print books are used. Specially trained teachers are responsible for providing the children with opportunities to develop as individuals, with academic accomplishment assuming an important, but not necessarily primary, role.[35] The administration of sight-saving classes is the responsibility of educational authorities. Frequently the need for such classes must be shown by public or private agencies interested in the prevention of blindness before they are adopted in the school system.

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[34] Harry Best, Op.Cit., pp. 84-86

[35] Activity Program in Sight-Saving Classes, Publication # 145 National Society for the Prevention of Blindness (New York: Harriet E. Yallowley.

Some of the residential schools provide the services of an ophthalmologist for their students and some have adopted the plan of requiring a careful eye examination before the child enters the school. Not all schools provide adequate medical care, however.[36]

In some States the departments of social welfare are carrying on a prevention of blindness program, but this phase is not well advanced as yet. The activity consists chiefly of public education regarding eye care and the importance of medical eye treatment.[37]

Two national private agencies interested in work with the visually handicapped and the prevention of blindness are the American Foundation for the Blind, and the National Society for the Prevention of Blindness. The former is primarily interested in individuals who have become blind and in the educational, vocational and social adjustment of such individuals; the latter is concerned with preventing visual handicaps. Both of these private agencies are giving valuable service in educational and advisory lines.

There are two other national organizations interested in visually handicapped children which are of great importance. These are the American Association of Workers for the Blind and the American Association of Instructors of the Blind. Their names indicate their special fields of interest.[38]

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[36] The Activities of Federal-State and Private Agencies Concerned With Work for the Blind and Preventing Blindness, Rice, United States Public Health Service, p. 25

[37] Ibid, p. 18

[38] Ibid, p. 1

IV Particular Problems Demanding Attention in the Field of Care for Visually Handicapped Children

The most prominent problem in the field of care of the visually handicapped and the one most frequently discussed by leaders in the field is that problem inherent in the residential school itself. The fact that, by far, the most widespread efforts in behalf of visually handicapped children is the providing of care and training in congregate institutions make the problem urgently demanding of consideration.

The severest criticism of special institutions for the blind has arisen chiefly out of their social failure, taking social in the large sense as involving the whole human and economic environment. The most pointed adverse criticisms follow:

"1. Segregate the pupils from the world in which the greater part of their lives must be passed.

2. Impart a marked 'institutionalized' point of view idealizing the world of actuality and under-evaluating the security of its conditions.

3. Give a highly specialized training with an extremely expensive plant, with instruments and apparatus such as the pupils cannot possess in after life, and with methods often perversely divergent from those used with normal pupils.

4. Provide, at least, some inter-association of the sexes (which often leads to the inter-marriage of the blind).

5. Involve, as a general rule, more or less State control and are sometimes run for the benefit of political hangers-on

rather than that of blind children."[39]

In denouncing the practice of segregating children in institutions Dr. Cutsforth, a psychologist, who is himself blind, says, "The interest of the public purse conflicts inevitably with the educational interest of the pupils. In the first place, the pupil soon senses that he, as an expanding individual, is a member of an institution that simply does not permit of expansion."[40]

Dr. Cutsforth acknowledges that an adjustment is made by the child to the institution, but points out that it is bad because whatever is available will be utilized, but whatever is not there becomes non-existent just as though it existed nowhere. The growth potential turns within and the child creates a subjective world which is unable to support relationships more complicated than the childish mind can furnish. Then, upon his graduation, the pupil must face a myriad of rapidly changing situations and relationships that he does not comprehend or know exist.

Another institutional condition that contributes to difficulties in the child is the practice of occupying nearly all of the pupils waking hours with some form of activity since it is easier to manage an organized activity than a free or recreation period. This results in fatigue.

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[39] Richard French, Op. Cit., pp. 230-231

[40] Thomas D. Cutsforth, The Blind in School and in Society. (New York and London: D. Appleton and Co., 1933)

In a letter written to another school superintendent, Dr. Howe, the father of work for visually handicapped children in the United States, remarks, "The more I reflect upon the subject the more I see the objections in principal and practice to asylums. What right have we to pack off the poor, the old, and the blind into asylums? They are of us, our brothers, our sisters, -- they belong in families; they are deprived of the dearest possessions of life in being put away in masses in asylums. Asylums generally are the offspring of a low order of feeling; their chief recommendation often is that they do cheaply what we ought to think only of doing well."[41]

It is often expressed that Dr. Howe, although progressive beyond his period, defeated his own purposes by establishing an exceptionally good institution (Perkins Institute today) which has been widely copied and regarded as a worthy tradition.

With reference to the quality of personnel in residential schools, it is unquestionably true that there are many superior educators engaged in the work. There is, however, much room for improvement. Due to mediocre administration, standards are often not high. Teachers are frequently retained out of sympathy and without proper consideration of the pupils' welfare. Only nine schools require teachers to have special training in the education of the visually handicapped before or after the assumption of their duties.[42]

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[41] Laura E. Richards, The Letters and Journals of Samuel Gridley Howe, Vol. II (Boston: Dana Estes and Co., 1909) p. 48

[42] White House Conference Committee on the Physically and Mentally Handicapped, p. 69.

A criticism frequently made of methods of educating visually handicapped children is that the curriculum imposed by residential schools is not sufficiently coordinated with employment available for them in after life. It is charged that the child is not taught things which will prepare him for practical employment or more advanced vocational training.

Outstanding among the problems retarding the growth of the day school movement is the wide distribution of visually handicapped children through the general population and the reluctance of school boards to make special provision for a few cases. Consequently the braille classes that exist are in large centers of population while in rural areas very little organization of this nature has been undertaken.

About 2,500,000 children of school age in the United States are at present handicapped in some way that necessitates facilities for their education in addition to those afforded other children. They are the blind, the near blind, the crippled, the hard of hearing, and the speech defectives. Not more than one-eighth of these children are receiving the attention necessary to make their education a success. This gross neglect not only places an unfair burden on the handicapped children, but it increases the chances of their becoming a burden on the community throughout their lives.[43]

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[43] The Federal Government and Education, pp. 3-4

The growth of sight-saving classes for partially seeing children has likewise been slow, although the need for them and their worth, where established, has been proven. This retardation has probably been the result of lagging public consciousness of their special needs finding expression in the reluctance of school boards to adapt special provisions for them. It is probably true that some children who should be in sight-saving classes do "get by" in the regular classroom, but at the cost of endangering the vision which they do possess and at the mercy of unfair competition which can be, and often is, a cause of emotional problems, lack of interest, tardiness, truancy, and possibly delinquency.

The obvious problem in the field of pre-school care is the lack of it. Special instruction to the young visually handicapped child and his family is urgently indicated to promote a well-rounded development and adequate preparation to meet a world designed, not for him, but for seeing people. Commendable work along this line has been done in a few sections, but a great need exists for its extension.

No legal plan has been evolved for exacting a report of blindness in children. Usually it is only when school age is reached and when teachers are required to report non-attendance that anything approaching a complete list is obtained. The problem makes itself apparent, in the light of this fact, that until the existence of cases of blindness is known treatment and necessary care

cannot be provided.[44]

Although medical facilities available to normally seeing children and additional special medical facilities are available to visually handicapped children, a problem of inadequate medical care is likely to exist among many members of the handicapped group. Health is a doubly important factor to the blind child. He must work harder. Then, too, many suffer from lowered morale and poor physical stamina which often results from mental or physical inactivity. A close enough contact is not maintained with some visually handicapped children by agencies in a position to arrange for needed medical care when it is indicated.

An outstanding problem which has played a potent role in retarding the progress of improved care for visually handicapped children is the attitude which the general public adopts toward them. They are pitied in a strongly emotional manner and their abilities are largely discounted. They are regarded as something set apart from the normal which should be dealt with in a peculiar manner. This attitude can be excused, to a degree, because the scarcity of blind children does not allow for a large portion of the public to become intimately acquainted with them and learn that they have the same goals, feelings, and often, the same abilities as sighted children. Regardless, however, this widespread attitude has prevented rapid advancement in the field of care for

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[44] White House Conference Committee on Mentally and Physically Handicapped, p. 95

visually handicapped children. It can be called lack of knowledge on the part of the public as to what these children need.

V The Outlook for the Future

The most reliable basis for forecasting the direction which care of visually handicapped children will take in the future should probably be based on the recommendations of qualified groups who have studied the existing activities and needs in the field; the thinking of outstanding leaders in the field; the trend which legislation is taking; and the attitudes of social workers toward the problems of the visually handicapped. Also, the changing complexion of the problem is an important factor to consider.

The White House Conference Committee on Mentally and Physically Handicapped children, made the following recommendations in 1930 after surveying the field:

"1. Increase training for pre-school blind children.

2. Establish more sight-saving classes.

3. Establish more day-school classes.

4. Increase supervision of residential schools by State Departments of Education in order that high scholastic standards may be assured.

5. Make a special study of educational needs of visually handicapped children so that they may be equipped as well scholastically as other children.

6. Give attention to adequacy of educational facilities for blind colored children.

7. Emphasize social intercourse to further normal development among visually handicapped children.

8. Establish psychologic service available to blind agencies throughout the country to promote poised, attractive personalities.

9. Give attention to vocational guidance training.

10. Raise personnel standards in the field of work with visually handicapped children.

11. Require an accurate census of visually handicapped persons.

12. Because of present lack of exact knowledge regarding conditions of visually handicapped children and facilities for their care, education and training, the subject deserves further study."[45]

It can be seen that these recommendations point toward an improvement of existing facilities, a greater familarity with the problems in the field, steps for preventing blindness, and more educational training outside of the residential schools, In the intervening years since this study was made, progress has been shown along the lines recommended, but not on a universal front. The progress in some areas should, however, stimulate more general advancement.

With reference to the prevention of blindness in particular, in 1937 a report was made by the United States Public Health Service following a scrutiny of the field. It was recommended that, "The prevention of blindness should be stimulated whether such is developed in State commissions for the blind separate from welfare boards or whether it develops in the blind assistance division of a State welfare agency, or in a State health department. There are

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[45] *Ibid*, pp, 108-110

certain fundamentals on which prevention work must rest.

1. An adequate medical determination of blindness.

2. Contacting the potentially blind person early.

3. Being able to care for these potentially blind, whether adult or child in an adequate manner.

4. Proper prenatal care. "[46]

Both private and public agencies are gradually advancing along these exact lines and with relatively increased momentum. Children with eye defects are receiving special consideration in an ever-increasing number of school systems. The growth of public health facilities and the special medical attention being given certain handicapped groups points to further growth as the need is more firmly established in the publid mind.

Samuel Gridley Howe, although the earliest figure in care of visually handicapped children in the United States, voiced opinions and objectives that are held by the most progressive leaders in the field today. In a report written in 1874 he said; "I have had satisfactory proof of the practicability and usefullness of sending blind children to the common schools ..... I availed myself of sending select pupils to a neighboring school and with good results. I trust that others with more zeal and vigour than I have left, will put this into practice until it shall be the custom to send to the common school such blind children as do not need the special

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[46] The Activities of Federal-State and Private Agencies Concerned with Work for the Blind and the Preventing of Blindness, Rice, United States Public Health Service, p.

attention and instruction that can only be had in institutions calculated to meet their wants. The practice of training and teaching a considerable proportion of blind and mute children in the common schools is to be one of the improvements of the future. It will hardly come in my day; but I see it plainly with the eye of faith, and rejoice in the prospect of its fulfillment."[47]

In speaking of visually handicapped children in the regular public schools, Dr. Edward E. Allen, who has been active in the field of work with visually handicapped children for forty years, says: "Whenever one or more of my pupils was unquestionably able to hold his own in the local public high school, we sent him there as a regular pupil.... In every single instance the change benefited him... It led him to measure himself early with those not handicapped with whom he would later compete in the world."[48]

Dr. Allen believes, further, that "Although our education of the blind child of school age has just celebrated the completion of its first century, it will scarcely survive to celebrate another. Most blindness being a condition incident to adulthood and advanced age, such future education of the blind as there is will doubtless be a part of the coming general adult education."[49]

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[47] Richards, Ibid, Vol. II, p. 25

[48] Edward Ellis Allen, "The Education of Blind Children of School Age", What of the Blind, Edited by Helga Lende (New York: American Foundation for the Blind, 1938) pp. 52-53

[49] Ibid, p. 51

As alternatives to the residential school and as possible future developments in methods of caring for and training visually handicapped children, several things may be considered. The practice of sending the top rank residential school pupils to the public high school in the same community is being followed in a few States. These pupils continue to live at the residential schools. Results of this system are favorable and its wider adoption as a first step away from "institutionalized" care seems logical.

The ability of more students to fit into the regular school system has not been disproved and seems to be a future step, particularly with improved special facilities in the public schools and provisions for more individualized attention.

The intellectually retarded children who are also visually handicapped will probably never fit into the public schools and special provisions will have to be made to train them within their capabilities. This, of course, can be said of dull children without physical handicaps.

A further step away from the institutionalized system of educating and caring for visually handicapped children might be to provide foster home care, for the most adaptable and intellectual children, in communities where special day classes are conducted, providing this service is not available in their home community. The other visually handicapped children who are in need of special care other than an education could live at the institution and attend the day schools. But there would probably still be the dull and unadaptable children, though probably few in number, who would need special care and attention which the public schools do not provide.

The number of blind children in residential schools today is comparatively small and with a partial "break-down" of the institutions States would be in a position to discontinue many residential schools and establish regional institutions.[50]

Although we are now finding countless faults in the institutional system of providing care and education for visually handicapped children, it is a step in the development of more individually satisfactory care. An article printed in a magazine just before the opening of the first school described the deplorable condition of blind children in almshouses and hospitals.[51] The residential school was a step ahead. Now the "breaking down" of the institution, at least to a degree, seems to be inevitable in the interest of improving care.

Recent legislation, both Federal and State, has given much attention to the handicapped groups as well as providing for a safe-guarding of the public welfare. The functioning of administrations created by such legislation should uncover and meet needs which have in the past been given inadequate attention. Particularly will attention be given to the prevention and correction of visual handicaps which is the most positive approach to the problem conceivable. The very existence of legislation benefiting the visually handicapped child is evidence of more enlightened public awareness

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[50] Points brought out in a discussion of care for visually handicapped children which the writer had with Miss Evelyn C. McKay, Social Research Secretary of the American Foundation for the Blind.

[51] Harry Best, Op. Cit., p. 320

of their needs and points toward more adequate provisions for their care.

There is an encouraging sign for the improvement of care and facilities in this field in the growing acceptance of trained social work leadership. Social workers are devoting more and more attention to the problems of the handicapped and many are taking an active part in meeting these problems. It is only recently that the value of trained leadership has been recognized, but since a definite start has been made there is reason to believe that the advance will continue. Under such direction the problems of care should be more adequately met with relation to the individual handicapped child.

The future of care in this field will necessarily be readjusted to meet an outstanding fact. Namely, that the number of visually handicapped children is steadily decreasing as a result of two forces:

1. The general decrease in the population, and
2. Efforts directed toward the prevention and correction of visual handicaps.

Present day organization to meet the needs of visually handicapped children will be altered to meet the new situation. It is to be strongly hoped that the new ideas will result in more intensive and intelligent care for the reduced number of children based on their whole development as social individuals.

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